

1-14-05

2122 \$

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>		09/945,118
<b>Filing Date</b>		August 31, 2001
<b>First Inventor</b>		Raj Kumar
<b>Confirmation No.</b>		2074
<b>Group Art Unit</b>		2122
<b>Examiner Name</b>		Curcio, James A.F.
<b>Total Number Of Pages In This Submission</b>	30	<b>Attorney Docket No.</b> ORA005 US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached -- Check (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment (24 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> This is a Response to Missing Parts/ Incomplete Application under 37 CFR 1.52 or 1.53	<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>  Please charge Deposit Account 50-2263 for any underpaid fee. </div>	
<input type="checkbox"/> Copy of Notice To File Missing Parts (2 pages)		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

<b>Firm or Individual Name</b>	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
<b>Signature</b>	
<b>Date</b>	January 12, 2005

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# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/945,118  
Filing Date August 31, 2001  
First Named Inventor Raj Kumar  
Examiner Name: Curcio, James A.F.  
Group Art Unit 2122  
Attorney Docket No.: ORA005 US

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120

## METHOD OF PAYMENT

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit  
Account  
Number

50-2263

Deposit  
Account  
Name

Silicon Valley Patent Group LLP

The Director is authorized to: (check all that apply)

☐ Charges fees(s) indicated below ☒ Credit any Overpayments

☒ Charges any additional fee(s) or any underpayment of fee(s)

☐ Charges fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee		Small Entity Fee		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	790	2001	395	Utility Filing Fee	
1002	350	2002	175	Design Filing Fee	
1003	550	2003	275	Plant Filing Fee	
1004	790	2004	395	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)				(\$)	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20**=	x	=
Independent Claims		-3** =	x	=
Multiple Dependent			x	=

Large Entity Fee		Small Entity Fee		Fee Description
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\* or number previously paid if greater; For Reissues see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fees		Small Entity Fees		Fee Description	Fees Paid
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within one month	120
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition for a public use proceeding	
1452	500	2402	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	130	2502	65	Design issue fee	
1503	160	2503	80	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	500	Request for expedited examination of a design application	
Other Fee (specify)					

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 120

## Submitted By

Name (Print/Type) Omkar K. Suryadevara Registration No. (Attorney/Agent) 36,320 Telephone (408) 982-8203  
Signature S. Omkar Date January 12, 2005